

L03000007767

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



900013282949

03/04/03--01001--008 **160.00

Marlon Pereira, PT
5130 SW 112 Place
Miami, FL 33165

FILED
03 MAR -3 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

February 21, 2003

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

03 MAR -3 AM 10:45
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Articles of Organization - Orthopaedic and Spine Rehab of South Florida, LLC

Dear Sir or Madam:

I respectfully request that your office process the enclosed articles of incorporation and accept the enclosed check in the amount of \$160.00 for payment, as follows:

Filing Fee	\$100.00
Designation of Registered Agent	\$ 25.00
Certified Copy	\$ 30.00
Certificate of Status	\$ 5.00

Thank you,

Marlon F. Pereira

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Orthopaedic and Spine Rehab of South Florida, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

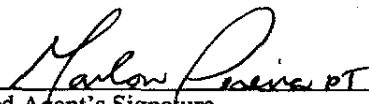
5130 SW 112th Place
Miami, Florida 33165

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's
Signature:**

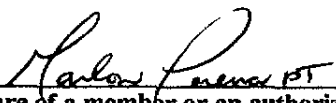
The name and the Florida street address of the registered agent are:

Marlon F. Pereira
5130 SW 112th Place
Miami, Florida 33165

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.



Registered Agent's Signature,



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Marlon Pereira

Typed or printed name of signee

The following are managing members of Orthopaedic and Spine Rehab of South
Florida, LLC:

Marlon Pereira, PT
5130 SW 112th Place
Miami, FL 33165

Matthew St. Aimee, PT
16942 SW 113th Court
Miami, FL 33157

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TALLAHASSEE, FLORIDA